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MESSAGE FROM THE PRESIDENT

Dear Members, Partners and Friends,

The year 2012 began on a positive note with the success of the World Congress of Cardiology (WCC), which was held in the Middle East for the first time. WCC serves as the convening event for experts in cardiovascular health from around the world and WCC Dubai presented a broadened focus by including sessions that served to engage cardiologists in tobacco cessation and nutrition. WCC 2012 also provided an excellent platform for capacity building efforts among World Heart Federation members. During the congress, workshops were held on advocacy, tobacco control and rheumatic heart disease (RHD). Also at WCC, the World Heart Federation Board approved a focus on aligning the global CVD community around reducing premature cardiovascular disease (CVD) deaths by 25 per cent by 2025 in anticipation of the World Health Organization's May 2012 adoption of an overall goal to reduce premature deaths due to non-communicable diseases (NCDs) by 25 per cent by 2025. The 25 by 2025 campaign aims to harness the power of our members, our scientific expertise and advocacy capacity to lead the global CVD community in supporting the WHO target and its implementation at the national level.

The World Heart Federation continued to share science internationally through the journals *Global Heart* and *Nature Reviews Cardiology*. In 2012, *Nature Reviews Cardiology* published the first international, evidence-based guidelines for the echocardiographic diagnosis of RHD and collaborated with partners to publish an expert consensus document on the 3rd universal definition of myocardial infarction.

World Heart Day in 2012 marked the continuation of the two year theme, "One World, One Home, One Heart" with a special focus on women and children. World Heart Day is growing globally and 2012 saw a 21 per cent increase in the number of activities and a 26 per cent increase in media coverage. Building on efforts to address CVD risk among women and children, the World Heart Federation continued to utilize the Go Red for Women campaign as a platform to raise awareness internationally about the risk women face due to CVD. In November, the Go Red for Women campaign increased its capacity

by teaming up with the Union of European Football Associations (UEFA), the Swedish Heart-Lung Foundation and the Swedish Football Association to present the “Make a healthy heart your goal” campaign. World Heart Federation activities focused on children and youth also benefitted from partnership with UEFA through the Respect your Health campaign implemented by Streetfootball World. Also in 2012, the World Heart Federation expanded the focus of its awareness campaigns by creating a Global AF Action campaign, focused on increasing knowledge about atrial fibrillation (AF) and AF-related stroke.

World Heart Federation advocacy activities this year built on the momentum created at the historical 2011 United Nations (UN) High-level Meeting (HLM). An advocacy toolkit was developed and launched to members at WCC Dubai to support the efforts of member organizations at the regional, national and local levels. In order to support CVD-related advocacy efforts at the global level, a group of eminent experts representing five leading heart-health organizations came together to form the Global Cardiovascular Disease Taskforce. This Taskforce released a position paper on the first anniversary of the UN HLM that outlined 10 evidence-based targets to reduce premature mortality by NCDs. This paper, published concurrently in our leading heart journals, was shared with ministries of health and was an essential element of the successful adoption of these targets at the World Health Assembly this year.

As part of ongoing efforts to advance a tobacco-free world, in 2012 the World Heart Federation implemented a year-long project entitled *Tobacco cessation and control: at the heart of heart health*. The World Heart Federation also collaborated with the International Tobacco Control Evaluation Project (ITC) and the WHO to publish the report *Cardiovascular Harms of Tobacco Use and Secondhand Smoke Exposure: Global gaps in awareness and implications for action*. Additionally, the World Heart Federation continued its scientific efforts to improve CVD care through continuation of the FOCUS polypill project in Europe and Latin America and the BRIG project in China.

Looking ahead, our efforts will be guided by the goal of reducing premature mortality due to CVD by 25 per cent by 2025. Achieving this ambitious goal will require a multifaceted approach that includes focus on increasing awareness and prevention efforts while also

improving the quality of care for those who are already suffering from CVD. As we move into the next year, we look forward to continued collaboration with our members and partners across the world.

Professor Sidney C Smith, Jr., MD

President, 2011 – 2012

World Heart Federation strategic priorities

- Raise the priority of cardiovascular health on the global health agenda
- Improve care of heart disease and stroke
- Promote heart-healthy diets and physical activity for all
- Improve recognition and control of high blood pressure globally
- Advance a tobacco-free world
- Eliminate rheumatic fever and minimize the burden of rheumatic heart disease

ACTIVITIES

SHARING SCIENCE AND BUILDING CAPACITY

World Congress of Cardiology 2012

The World Congress of Cardiology (WCC) is held every two years in different strategic locations around the world. However, April 2012 was the first time in the 62-year history of the World Heart Federation's WCC that the congress was held in the Middle East.

Taking place in Dubai – one of the seven emirates that form the United Arab Emirates (UAE) – a total 10,748 attendees from over 133 countries around the globe participated in WCC 2012. The top five countries represented in terms of attendees were the UAE, India, China, Germany and Egypt.

WCC is THE international stage for leading developments in science and public outreach in the field of cardiovascular health and tackles issues on a global scale through addressing increasing demands for new strategies in the prevention, control, diagnosis and treatment of cardiovascular disease (CVD). The 2012 congress covered a wide range of topics from prevention to intervention and included sessions and workshops on rheumatic heart disease, tobacco, women & cardiovascular disease and advocacy.

A total 1,461 abstracts were submitted of which 57 per cent were accepted for poster presentations (836) and 23 per cent for oral sessions (341). The scientific programme was diverse and for the first time, WCC included a one-day 'course in preventive cardiology' presented by experts from around the world and directed towards cardiology trainees and medical students. The programme also included workshops on electrocardiography, echocardiography and cardiac surgery as well as two live transmissions of surgeries occurring at the Dubai Hospital organized by the Emirates Cardiac Society.

With 22 parallel session rooms hosting 178 main scientific sessions and 551 faculty, WCC Dubai was a scientific, political and commercial success. A total 103 exhibition stands covering 3,066 square metres of net exhibition space and 24 industry satellite sessions bore testimony to the commercial interest in the region as well as the interest and investment in commercial heart and cardiology services.

Melbourne 2014

Preparations are progressing well for the WCC 2014 taking place in Melbourne, Australia, from 4–7 May. WCC 2014 will be co-hosted by the Cardiac Society of Australia and New Zealand and the Heart Foundation of Australia. We look forward to holding WCC in the Asia-Pacific region, which continues to experience endemic rates of rheumatic heart disease, and to the networking and medical improvements that will result from sharing the best of science from around the globe.

World Congress of Cardiology key statistics

- 119 exhibitors, 16 of which were World Heart Federation member societies
- 178 scientific sessions
- 551 faculty members in attendance
- 836 posters presented
- 341 oral abstract sessions
- 23 satellite symposia and workshops
- Accredited by the European Board of Accreditation (EBAC) for 18 hours of continuing medical education (CME) credit hours.

“Held for the first time in the Middle East, WCC 2012 provided an opportunity to gather cardiovascular disease experts in a region experiencing a growing burden of heart disease and stroke.”

<http://www.world-heart-federation.org/congress-and-events/world-congress-of-cardiology-scientific-sessions-2012/>

Capacity Building 2012

In 2012, capacity building efforts built on momentum created by the United Nations High-Level Meeting on the Prevention and Control of Non-Communicable Diseases (NCDs) held in September 2011. Soon after this watershed event, World Heart Federation members gathered in Dubai for the World Congress of Cardiology (WCC). During WCC, workshops were held for member organizations that focused on advocacy, tobacco control and

rheumatic heart disease (RHD). The WCC provided an ideal platform for members from across the world to exchange best practice and gain new knowledge. An advocacy toolkit was also developed and launched to members in order to assist with in-country advocacy efforts.

To support the World Health Organization's goal to reduce premature deaths due to non-communicable diseases (NCDs) by 25 per cent by 2025, in 2012 the World Heart Federation aligned its efforts around this and committed to a parallel goal of reducing premature cardiovascular disease (CVD) deaths by 25 per cent by 2025. Stemming from this, World Heart Federation developed a new programme to train journalists on this initiative. Furthermore, the "25 by 25" campaign served as a platform for capacity building within the RHD community as much of the mortality due to RHD is preventable.

During the WCC in Dubai, the World Heart Federation included sessions designed to engage cardiologists in areas such as tobacco cessation and heart healthy nutrition. Also during 2012, the World Heart Federation built capacity around atrial fibrillation awareness efforts by hosting a workshop in Los Angeles at the American Heart Association Scientific Sessions, and focused on its links to the global advocacy agenda.

"In 2012, the World Heart Federation utilized existing platforms such as the World Congress of Cardiology to build capacity for CVD prevention and control efforts among World Heart Federation members as well as the larger CVD community."

World Heart Federation Journals

Global Heart

Global Heart, the official journal of the World Heart Federation, seeks to provide a forum for dialogue and education on matters that relate foremost to the prevention and control of cardiovascular diseases worldwide, with a special focus on countries with middle and lower economies. With the main focus being on prevention, manuscripts not only address the extent or epidemiology of the problem, but also describe interventions to effectively control and prevent cardiovascular diseases and their antecedent factors.

The year, 2012, marked the 7th year of partnership between the World Heart Federation and Elsevier in publication of the 2nd-5th issues of *Global Heart* (Volume 7, 1-4). All issues remain freely available online in order to facilitate access to scientific knowledge worldwide. The Editor-in-Chief is Dr Jagat Narula, and he is assisted by an international team of eminent cardiologists, researchers, epidemiologists, economists and other leaders in public health who comprise the deputy editors, associate editors, section editors, senior advisory council, and editorial board. *Global Heart* has applied for entry into the PubMed database in 2013.

The online platform Global Heart platform for individuals, as opposed to ScienceDirect which is for institutions, had 4,405 visits last year, with a total of over 10,000 page-views.

Nature Reviews Cardiology

Nature Reviews Cardiology is an official publication of the World Heart Federation. The 2011 impact factor for the journal is 8.833, a rise from the 2010 impact factor of 7.467. According to the ISI Journal Citation Reports, the journal has maintained its ranking as having the 5th highest impact factor of all journals in the field of cardiac & cardiovascular systems, and has remained the number 1 monthly review journal in that category.

Highlights of monthly issues throughout 2012 include ‘Year in Review’ articles, the “World Heart Federation criteria for echocardiographic diagnosis of rheumatic heart disease—an evidence-based guideline”, a web collection on valvular disease, and focus on anticoagulation therapies. All issues were made freely available for one month following publication with the exception of the rheumatic heart disease diagnosis guidelines, which will be made available for free online in perpetuity.

At the 2012 World Congress of Cardiology in Dubai in May, we presented a joint World Heart Federation/*Nature Reviews Cardiology* session on ‘Hypertension in 2012’. The session was chaired by Tak Fu Tse and Valentin Fuster, and involved talks by Pekka Puska, Neil Poulter, Thomas Unger, and Suzanne Oparil. A [focus on hypertension](#) was published in the May 2012 print issue of the journal, to accompany the World Congress of Cardiology session. The focus articles were made freely available online for 1 month and

copies of the May print issue were made freely available to conference delegates via the World Heart Federation booth.

In May 2012, some of the terms of our Advisory Board members came to an end so other key opinion leaders were invited to join us. This was done to provide fresh perspectives and ensure that the journal covers the breadth of cardiology. The Advisory Board currently consists of Ottavio Alfieri (Italy), Álvaro Avezum (Brazil), Deepak Bhatt (USA), David A. Bluemke (USA), Gregg C. Fonarow (USA), Valentin Fuster (USA), Bernard Gersh (USA), Dayi Hu (China), Adnan Kastrati (Germany), Henry Krum (Australia), Peter Libby (USA), Gregory Y.H. Lip (UK), Akira Matsumori (Japan), Masunori Matsuzaki (Japan), Bongani Mayosi (South Africa), Brian McCrindle (Canada), Ryozi Nagai (Japan), Stanley Nattel (Canada), Seung-Jung Park (Korea), Eric D. Peterson (USA), Silvia Priori (Italy), Anna Ulfah Rahajoe (Indonesia), K. Srinath Reddy (India), Zeljko Reiner (Croatia), Luis M. Ruilope (Spain), Nizal Sarrafzadegan (Iran), Patrick Serruys (The Netherlands), Sidney C. Smith (USA), Simon Stewart (Australia), Thomas Unger (The Netherlands), Alec Vahanian (France), Frans Van de Werf (Belgium), Renu Virmani (USA), Denis Xavier (India), Magdi Yacoub (UK), Clyde Yancy (USA), Cheuk-Man Yu (Hong Kong), Yun Zhang (China), and Dong Zhao (China).

In late August, *Nature Reviews Cardiology* co-published (online) the joint ESC, ACCF, AHA, and World Heart Federation expert consensus document “Third universal definition of myocardial infarction” (<http://www.nature.com/nrcardio/journal/v9/n11/full/nrcardio.2012.122.html>) with the *European Heart Journal*, *Circulation*, *Journal of the American College of Cardiology*, and *Global Heart*. The article was included in the November 2012 print issue. In October 2012, *Nature Reviews Cardiology* published a joint online collection with *Nature Reviews Neurology* (<http://www.nature.com/reviews/collection/ischemicstroke/index.html>) that explored advances in the understanding of the pathophysiology, assessment, prevention, and management of ischemic stroke. These articles were also made freely available for 1 month.

A total 6269 institutions are entitled to access *Global Heart* online via their ScienceDirect package. This includes developing countries that have free/low-cost access via Global Heart Publisher Elsevier's Research4Life programme. Research4Life is a partnership of United Nations agencies, leading universities and publishers for three programs – HINARI, AGORA and OARE – that make journal articles available for free or at very low cost to institutions in developing countries. The programme for scientific health journals is HINARI (Health InterNetwork Access to Research Initiative), a UN-based initiative providing online access to the major journals of the biomedical and related social science fields, without charge or at low cost, to public institutions in developing countries.

“Working in partnership to disseminate scientific knowledge to researchers across the world, regardless of income level.”

www.globalheart-journal.com

www.nature.com/nrcardio

AWARENESS

World Heart Day

Every year on 29 September we celebrate World Heart Day (WHD) and encourage all people worldwide to take care of their hearts and be mindful of their cardiovascular health. This is now more significant than ever before considering a commitment made by World Health Organization (WHO) Member States in May 2012 to aim to reduce premature mortality from non-communicable diseases (NCDs) by 25 per cent by 2025. Given that cardiovascular disease (CVD) accounts for nearly half of the 36 million NCD deaths annually, CVD must be addressed in order to achieve this target. WHD plays a crucial role by offering a platform to raise awareness and encourage individuals, families, communities and governments to take action to reduce the burden of heart disease and stroke.

“One World, One Home, One Heart” theme

The overarching WHD theme for 2011 and 2012 was “One World, One Home, One Heart” reflecting the importance of elevating CVD on the global health agenda while also highlighting each individual's responsibility to introduce heart-healthy behaviours into their

families and homes. In 2012, we focused specifically on CVD prevention among women and children.

Global mobilization

The growth in World Heart Day participation displays the determination of the CVD community and World Heart Federation members to reduce premature deaths due to heart disease and stroke by 25 per cent by 2025. Worldwide, WHD was utilized to inform the public that at least 80% of premature deaths from heart disease and stroke could be avoided by controlling the main CVD risk factors of tobacco, unhealthy diet and physical inactivity. An impressive 977 activities (21% increase from 2011) took place in 118 countries globally and the reach was further extended through sharing tools and messages through our social media platforms. This reflects the enthusiasm of our 200 members as well as citizens, neighbourhood associations, community organizations, volunteers, governments, companies and hospitals who celebrated WHD.

General public survey

On the occasion of World Heart Day, the World Heart Federation commissioned a multi-national survey to assess the public's perceptions about the age they believed people should begin taking action to prevent conditions such as heart disease and stroke. The survey findings distributed through a global press release revealed that half of people incorrectly believe we should wait until age 30 or older before taking action to protect our heart. In fact, CVD can affect people of all ages and populations groups, and the risk can begin early in life with exposure to CVD risk factors. This release resulted in a 26% increase in the media coverage compared to 2011.

World Heart Day 2013

In light of these findings, WHD 2013 will reinforce the focus on CVD prevention among women and children. The theme will emphasize that the window of opportunity for preventing heart disease and stroke spans from childhood through adulthood. It is by taking a life-course approach to prevention that we will be able to achieve a 25 per cent reduction in premature deaths due to CVD by 2025.

Thanks to our World Heart Day corporate supporters: Bayer HealthCare; Boehringer Ingelheim; Medtronic; Pfizer and Roche.

Highlights of members' activities

In all regions of the globe, awareness activities such as screenings, public events or marathons were organized by our members and partners to support the campaign.

The Spanish Heart Foundation organized events in six different cities of Spain. This included a run with 2,500 participants, an information stand, public conferences, workshops for children and specific actions with the football club Atlético Madrid. On the occasion of an official football match, leaflets were distributed to 35,000 football fans and football players wore a WHD tee-shirt.

The social mobilization in Colombia was impressive with the participation of half a million people who walked in 342 towns and cities of the country. The cities of Medellin and Pasto were the centre of the World Heart Day celebrations in Colombia with 8,000 participants and over 200 survivors who ran the Heart Race in Medellin. In Pasto, 3,500 people celebrated through a dancing carnival event.

The Zambia Heart and Stroke Foundation collaborated with Ministries of Health and Community, Mother and Child health to organize a march in a highly populated community within the City of Lusaka, where people participated in a 4 kilometre walk. The community assembled at the stadium for various activities such as high blood pressure screening, drama group performances, and educational speeches.

“Increasing awareness of heart disease and stroke worldwide.”

www.worldheartday.org

Go Red for Women

Although cardiovascular disease (CVD) is the number one killer of women and affects as many women as men, most women do not view CVD as a serious threat for their health. The international Go Red for Women campaign aims to change this perception by empowering women with knowledge and tools to take charge of their heart health. Since the World Heart Federation took this American Heart Association campaign global, the

number of national campaigns taking place around the world is constantly growing, offering more women the opportunity to protect their hearts. After several members launched their campaign in 2012, the movement is now present in almost 50 countries.

In 2012, the World Heart Federation built on efforts to empower members with continuously improved tools to introduce the campaign in their countries and relay the message at the international level. In particular, Go Red for Women was in the spotlight during the World Congress of Cardiology (WCC) 2012 in Dubai. For the first time, the over 10'000 cardiologists and health professionals in attendance were encouraged to participate in Wear Red Day by wearing something red on the second day of the congress to show their support for the campaign, and many participated. The focus on women at the WCC did not end there. Several sessions were specifically dedicated to women's heart health, members and experts gave Go Red for Women presentations at the World Heart Federation booth, educational material was distributed and a press conference was held.

Along with the Go Red for Women campaign's focus on prevention, physical activity has become a highlighted area within the campaign through the "Make a healthy heart your goal" call to action. Launched in November 2012, "Make a healthy heart your goal" is the result of collaboration between the World Heart Federation, the Union of European Football Associations (UEFA), the Swedish Heart-Lung Foundation and the Swedish Football Association. This call to action encourages women and girls to lead active, healthy lifestyles and practise sports such as football to help reduce their risk of heart disease and stroke. "Make a healthy heart your goal" will focus on awareness building activities in Sweden, Europe and throughout the world in the lead up to and during the UEFA Women's Euro taking place in July 2013.

Moving forward with Go Red for Women

In line with the World Heart Federation's target of reducing premature CVD mortality by 25 per cent by 2025, the World Heart Federation will continue to develop this campaign focused on women by supporting its members in their efforts at the national level while giving visibility to Go Red for Women as an international movement.

“Thus far, Go Red for Women has proven a successful tool to raise awareness of CVD in women, the first step in reducing CVD mortality.”

www.worldheart.org/grfw

Children and youth

As part of its partnership with Union of European Football Associations (UEFA), the World Heart Federation participated in the *Respect Your Health* campaign, implemented by Streetfootball World in Poland and Ukraine around the Euro 2012 football tournament. This campaign focuses on promoting physical activity among school children and youth. Working in partnership with Healthy Stadia Network and Muuvit, the *Respect your Health* manual was developed for use by schools and clubs. An associated online platform was also created to promote the manual and the overall campaign.

During the year, the World Heart Federation completed implementation of *Kids on the Move*, a three-year project to increase member capacity for promoting healthy diet and physical activity among children. Eight member and partner organizations implemented year-long projects related to diet and physical activity and shared their experiences in the final project workshop at the World Congress of Cardiology in Dubai. Project participants worked together to produce an online *Kids on the Move* toolkit to help implement and evaluate programs promoting healthy diet and physical activity.

“Working throughout the life-course to promote healthy behaviours and prevent heart disease and stroke.”

www.world-heart-federation.org/what-we-do/awareness/children-youth/

Global AF Action (GAFA) campaign 2012

GAFA is the World Heart Federation awareness and action campaign for atrial fibrillation (AF). The campaign calls for urgent steps to be taken by the World Heart Federation’s 200 member organizations in 100 countries to improve the diagnosis and care of patients with AF and prevent associated cardiovascular conditions.

The GAFA Network consists of 21 member organizations including the American Heart Association, Preventive Cardiovascular Nurses Association, InterAmerican Society of Cardiology and Spanish Society of Cardiology. This important network has facilitated the global dissemination of campaign content. Campaign materials include “Atrial Fibrillation in Primary Care (AFIP) tool, a brochure, for Primary Care Physicians” as well as “Living with Atrial Fibrillation (AF): Learn what you can, do what you can” which is an informative booklet for people with AF and their caregivers. These tools are downloadable from the GAFA website which was also developed during the campaign. The campaign received public visibility through the dissemination of several news and press releases and through the execution of a detailed social media plan. Twitter and Facebook were used to reach people interested in AF and AF-related stroke.

The year 2012 was a successful one for the GAFA campaign. Feedback from members indicated that the campaign and the World Heart Federation’s focus on increasing awareness of AF and AF-related stroke were appreciated. One of the active GAFA Network members expressed, “Congratulations on this important initiative! It should be disseminated to the entire world and translated to more languages, especially in middle- and low-income countries”.

“By working to improve diagnosis and treatment of AF, this campaign aligns with the World Heart Federation target to reduce premature cardiovascular disease mortality by 25 per cent by 2025 (25 by 25).”

www.worldheart.org/what-we-do/awareness/atrial-fibrillation/

ADVOCACY

CVD on the global health agenda

Building on the momentum created at the historical 2011 United Nations High-Level Meeting (UN HLM) on the Prevention and Control of Non-Communicable Diseases (NCDs), 2012 was a year dedicated to sustaining global action against cardiovascular disease (CVD) and NCDs. Ensuring unity and action, global health agenda

teleconferences were conducted monthly to inform, guide and support the advocacy efforts of World Heart Federation members. Additionally, a toolkit was developed and provided to aid World Heart Federation members in achieving their advocacy objectives. The toolkit was launched during a members' meeting at the World Congress of Cardiology in Dubai. In addition to discussing the toolkit, the annual members' meeting provided an opportunity for members to share best practice, discuss CVD priorities, and engage in strategic discussions related global activity. The WCC also showcased the World Heart Federation's dedication to building the link between science and advocacy through several advocacy related sessions and panels.

Working with international partners

The World Heart Federation was granted ECOSOC consultative status with the UN to increase awareness and visibility of the issues that impact CVD, but traditionally lay outside the health arena. This includes issues such as urbanization and poverty. World Heart Federation continues working closely with the World Health Organization (WHO) to follow up on key asks within the UN Political Declaration on NCDs. Most urgent in 2012 was the continued development of a NCD monitoring framework with voluntary global targets. The first major development occurred at the 65th World Health Assembly in May when all 194 WHO Member States endorsed an overall target to reduce premature deaths from NCDs 25 per cent by 2025. This achievement was the outcome of several months of work, beginning in 2011 with a call from the NCD community to include "25 by 2025" as an overarching global goal.

Engaging global CVD experts in advocacy efforts

In order to support CVD-related advocacy efforts at the global level, a group of eminent experts representing five leading heart-health organizations came together in 2011 to form the Global Cardiovascular Disease Taskforce. On the occasion of the first anniversary of the UN HLM on NCDs, the Taskforce released a position paper on 18 September 2012, outlining 10 evidence-based targets to reduce premature mortality by NCDs. Calling for urgent action by members, governments and the CVD and NCD community, this paper ensured global attention and support for targets just prior to the November meeting of Member States. Thanks to advocacy efforts by our member organizations at the national

and regional levels, the asks of the CVD and NCD community were adopted during the November Member State meeting with little change.

Sustaining momentum

Moving forward, Member States will focus on the creation of a draft 2013–2020 Global Action Plan for NCDs and the CVD community will work to ensure that targets adopted in 2012 are reflected in global and regional plans. Additionally, work is underway on the creation of a Global Coordinating Mechanism for NCDs to monitor progress and ensure multisectoral action is taken against NCDs at the global level. With important work ahead, the brilliant advocacy efforts of World Heart Federation members will continue to guide action at the global and national level.

Advocacy toolkit

As we look toward a healthy future, free of CVD, we recognize that a healthy home means a healthy country, and that health-conscious policies can encourage heart-healthy living. The World Heart Federation Advocacy Toolkit is a resource to aid our member organizations that have dedicated themselves to the prevention, control, and treatment of CVD in achieving their advocacy objectives. As we work to reduce premature mortality due to CVD by 25 per cent by 2025, we will need to work together through effective and coordinated action.

“In order to support action against non-communicable diseases, in 2012 the World Heart Federation developed a campaign to reduce global premature deaths due to cardiovascular disease by 25 per cent by 2025. While working with the NCD Alliance and other collaborators in the global fight against NCDs, the World Heart Federation recognizes that to make progress against NCDs, the number one killer worldwide, CVD, must be addressed.”

www.worldheart.org/advocacy

Tobacco control

As part of ongoing efforts to advance a tobacco-free world, in 2012 the World Heart Federation implemented a year-long project entitled *Tobacco cessation and control: at the heart of heart health*. The project aims to build capacity in tobacco cessation and control,

grow the network of tobacco control champions within heart-health circles and identify and leverage the added value of the global cardiovascular disease (CVD) community to tobacco control. The project has three components: a mapping of tobacco control activity within the World Heart Federation member network; publication of a report on knowledge about links between tobacco and CVD around the world (see box); and two workshops bringing World Heart Federation member organizations together with tobacco control experts from around the world. The first workshop, organized with the Asia Pacific Heart Network (APHN) at the World Congress of Tobacco or Health in Singapore, resulted in the development of the APHN regional strategy on tobacco control. The second workshop was conducted at the World Congress of Cardiology in Dubai.

Cardiovascular Harms of Tobacco Use and Secondhand Smoke Exposure: Global gaps in awareness and implications for action was published in 2012 by World Heart Federation, International Tobacco Control Evaluation Project (ITC) and the WHO. Based on data from ITC and the Global Adult Tobacco Survey (GATS) and using knowledge about tobacco and cancer as a benchmark. Revealing large gaps in knowledge about CVD and underlining ways to raise awareness both with patients and the public, the report serves as a call to action for the global CVD community.

“To combat a leading risk factor for CVD worldwide, the World Heart Federation dedicates its efforts to advancing a tobacco-free world.”

www.worldheart.org/tobacco-control

APPLIED RESEARCH

The FOCUS polypill project

In 2012 the World Heart Federation continued its support of the Spanish National Centre for Cardiovascular Research (CNIC) initiative: **Fixed-dose Combination Drug for Secondary Cardiovascular Prevention (FOCUS)**. The aim of the FOCUS project is to test the fixed-dose combination (FDC or “polypill”) concept for cardiovascular prevention in populations of different socioeconomic characteristics.

The specific objectives of the FOCUS project are to:

1. Demonstrate that better knowledge of factors responsible for an inappropriate use of secondary cardiovascular prevention drugs and of factors related to poor treatment adherence will help to design new strategies for prevention and disease treatment.
2. Prove that an FDC pill therapy is effective in controlling various cardiovascular risk factors.
3. Show that compared to taking several drugs separately, an FDC pill will result in reductions in inappropriate prescribing, treatment complexity and lack of adherence, and thereby demonstrate that an FDC pill will improve secondary prevention in coronary patients.

The project is being carried out in selected countries in Europe and Latin America (including Italy, Spain, Argentina, Brazil and Paraguay) in order to include different clinical sectors, healthcare settings and population segments. FOCUS has 2 phases for which recruitment is currently underway. Phase 1 will examine factors potentially related to the lack of adequate secondary prevention in 4,000 post–heart attack patients, and will analyze the relationship between these factors and patient treatment adherence. Phase 2 is a randomized trial that will compare adherence to treatment in 1,340 post–heart attack patients either receiving a polypill comprising aspirin (100 mg), ramipril (2.5, 5, or 10 mg), and simvastatin (40 mg) or receiving the same 3 drugs separately.

“Striving to improve the prevention and treatment of cardiovascular disease worldwide.”

www.world-heart-federation.org/what-we-do/applied-research/polypill/

Bridging the Gap (BRIG) Project: China

The BRIG project is a World Heart Federation demonstration project in China that aims to improve the quality of care for coronary heart disease (CHD) patients worldwide. After determining a baseline for quality of care and identifying barriers to implementing

evidence-based medicine in the clinical setting, phase III of the project seeks solutions to close the gap between guidelines and practice in the care of CHD patients.

The objective of phase III is to determine if different intervention strategies accompanied with a well-understood educational tool can enhance the CHD secondary prevention ability of cardiology nurses in China and improve the medication compliance among patients with CHD for the secondary prevention and ultimately, reduce CHD recurrent events. A total 34 hospitals were selected to participate in the study that consisted of baseline and follow-up studies to test the effectiveness of various tools in improving CHD secondary prevention. These tools include a short, specific training course and a health education tool. Along with assessing if these tools improve knowledge of CHD secondary prevention in cardiology nurses, the study also evaluates if this improved knowledge leads to improved treatment compliance among CHD patients.

Preliminary results suggest that the nurses' knowledge about CHD secondary prevention improved during the follow-up in the four groups, particularly the two groups that participated in training course. Results among patients were also positive. Compared with the 2006 BRIG-I findings, usage rates of aspirin, beta-blockers, ACE inhibitor treatment and statins have all increased in patients with acute coronary syndromes.

Moving forward in 2013, follow-up surveys will continue to be conducted and representatives of collaborative hospitals will be invited to participate in an interim wrap-up meeting in April 2013.

“Improving the quality of care for coronary heart disease patients worldwide”

www.world-heart-federation.org/what-we-do/applied-research/china-bridging-the-gap/

Rheumatic Heart Disease

The World Heart Federation criteria for echocardiographic diagnosis of rheumatic heart disease (RHD) were published in May and the World Congress of Cardiology (WCC) in

Dubai provided an excellent platform to launch these criteria and increase focus on RHD. With a strong programme and satellite events on RHD which included the first RHD forum, organized by Medtronic Foundation, the congress brought together over 50 RHD specialists and advocates from around the world. Press activities on RHD at the WCC reached an estimated audience of over 20 million, increasing global visibility of the disease.

The World Heart Federation RHD working group was very active during 2012. The group conducted a global survey on availability and quality of benzathine penicillin G and began to develop a global network of focal points for advocacy at the national level. The concept for an online register was also developed, as was a position statement on RHD meant to serve as basis for long-term strategy to eliminate rheumatic fever and reduce the burden of RHD. The World Heart Federation also built upon RHDnet, its unique online resource for RHD control, and issued RHDnews, an e-bulletin containing developments in RHD around the world that is sent to over 300 contacts worldwide.

In the South Pacific, the World Heart Federation built on the regional World Heart Federation RHD control programme in the Pacific by sending a technical team to Tuvalu. The Pacific RHD prevention and control team in Australia and Fiji provided technical support and conducted school screenings and health staff training to expand the RHD control programme in Tuvalu. The screening confirmed a high RHD prevalence similar to that in other countries in the region. Funding from Edwards Lifesciences supported World Heart Federation activities in Tuvalu. An AUSAID-funded RHD project in the region will continue to provide technical support for the development and expansion of RHD control prevention activities.

EndRHD ASAP

The EndRHD ASAP project, led by the University of Cape Town (UCT) ASAP team, and funded by Else Kröner Fresenius Stiftung, entered its third and final year. The project is developing capacity for RHD screening in Africa and supporting RHD activities at continental and global levels. Preliminary screening of over 2700 children was completed in Cape Town and follow-up checks continued for those who screened positive. With technical support from Cape Town, a second South African site (Polokwane) began entering cases into a registry, and the University of Jimma launched screening in April. By the end of the year, preliminary screening had been completed for 800 children in rural schools near Jimma. The UCT ASAP also conducted training in RHD for 800 medical students. To support continental activities, the group organized the 5th Regional ASAP conference in Johannesburg. Over 50 people attended from around Africa to discuss progress in the Pan-African REMEDY study and upcoming research projects.

“RHD is a disease of poverty and inequality that disproportionately affects the poorest of the poor, the World Heart Federation is committed to increasing prevention and control of this disease worldwide.”

www.worldheart.org/rhd

PARTNERSHIPS

In May 2012 the World Health Assembly adopted a global target of a **25 per cent reduction in premature mortality from non-communicable diseases (NCDs) by 2025**, commonly referred to as “25x25”. The World Heart Federation recognizes that achieving this target will require a primary focus on cardiovascular disease (CVD), given that CVD is the number one killer and that the means of preventing premature CVD mortality are better known and more affordable and feasible than measures to reduce premature mortality from cancers and other NCDs, and has therefore adopted a specific 25x25 target for CVD. As a result 2012 became a very important year for the global fight against CVD as well as an opportunity for the World Heart Federation to build a new partnership call to action around the 25x25 targets.

In 2012, the World Heart Federation consolidated its partnership with the Union of European Football Associations (UEFA) with the signing of a five year partnership

promoting physical activity and healthy habits amongst children and adults to reduce their risk of developing cardiovascular disease. Stemming from work and collaboration with our non-governmental partner, European Healthy Stadia Network, during 2011, the EURO 2012 football competition was declared tobacco free. Held in June 2012, it was the first EURO tournament to have the use, sale or promotion of tobacco products banned in all stadia where the tournament took place in both Poland and Ukraine. Muuvit, our other non-governmental partner, was also involved with this partnership by leveraging EURO 2012 to implement their elementary school programme in the region. The programme was translated to Ukrainian, Polish and Russian. An additional partnership was created with UEFA to build upon the World Heart Federation's "Go Red for Women" campaign. This "Make a healthy heart your goal" campaign was created to raise awareness during the Women's Euro 2013 football competition taking place in Scandinavia in July 2013.

In 2012, an agreement with the Swiss watchmaker, Frédérique Constant was signed to support the Hearts of Children initiative. Frédérique Constant will create a special edition "Hearts of Children" watch to support and promote the cause. 100 of these watches will be donated to World Heart Federation members, allowing member organizations around the world to launch or strengthen their local activities fighting cardiovascular disease in women and children. For World Heart Day 2012, Frédérique Constant together with the World Heart Federation organized an event in Los Angeles that served to make the partnership public and promote the wider message of the campaign.

Bayer, Boehringer Ingelheim, Medtronic and Roche were supporters of the World Heart Day campaign, which encouraged hundreds of thousands of people in over 100 countries to raise awareness of the risks associated with CVD. Bayer also continued supporting the Bridging the Gap (BRIG) project in China and the World Heart Federation publication CVD News Brief.

The World Heart Federation has also collaborated with the Greek country office of Unilever with a joint mission to work locally to reduce high cholesterol levels and raise awareness of the major risk factors affecting cardiovascular health. This programme is expected to

continue in 2013. Other partnerships include a continuation of our work with Else Kröner-Fresenius-Stiftung around rheumatic heart disease (RHD) in Africa, Australasia and Asia.

To learn more about our grants for projects, please refer to the [World Heart Federation website](#).

Looking ahead to 2013:

With the launch of the 25x25 campaign platform in the last 2 months of 2012, there are already indications that there will be significant support for the work of the World Heart Federation in influencing national CVD plans, focusing on specific targets including secondary prevention and hypertension, building global media awareness of the burden of CVD, establishing global CVD metrics to underpin the 25x25 targets, policy mapping, and increasing awareness of atrial fibrillation and RHD.

“Working in partnership to reduce the global burden of heart disease and stroke.”

FINANCES

The World Heart Federation initiated an organizational transformation in the second half of 2012, to align efforts around the 25x25 target and ensure a greater focus on delivery of targeted and measurable projects and improved engagement with members through campaigns and other outreach. The plan included a reallocation of resources to restricted funds to better align activities with budgets, and also includes cost-effectiveness measures that are being carried out in 2013 including moving to a more distributed staffing model.

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS

for the year ended 31 December

(Expressed in Swiss francs)

	<u>2012</u>	<u>2011</u>
<u>Assets</u>		
Cash and cash equivalents	462,988	1,517,399
Accounts receivable	120,899	1,433,633
Prepaid expenses	545,682	590,986
Accounts receivable members and donors	408,174	304,700
<i>Total current assets</i>	1,537,743	3,846,718
Investments	-	1,338,610
Escrowed deposits	61,530	61,400
Net fixed assets	25,939	74,216
<i>Total non current assets</i>	87,469	1,474,226
Total assets	1,625,212	5,320,944
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<u>Liabilities and Funds</u>		
Cash and cash equivalents	-	784,696
Accounts payable and accruals	485,372	258,600
WCC 2012 deferred excess	-	2,001,048
Loan	-	900,000
<i>Total liabilities</i>	485,372	3,944,344
<i>Total funds</i>	1,139,840	1,376,600
Total liabilities and funds	1,625,212	5,320,944
	<hr/> <hr/>	<hr/> <hr/>

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF RECEIPTS AND OPERATING EXPENDITURE

for the year ended 31 December

(Expressed in Swiss francs)

	<u>2012</u>	<u>2011</u>
<u>Operating receipts</u>		
Membership fees	466,246	452,060
World Congress of Cardiology 2012	809,964	-
Corporates	1,175,679	2,434,205
Foundations	462,192	503,278
Organizations	663,480	335,304
Other donors	6,246	32,709
Bank interest and money market fund income	14,650	34,577
<i>Total operating receipts</i>	<u><u>3,598,457</u></u>	<u><u>3,792,133</u></u>
<u>Operating expenditure</u>		
Secretariat	997,400	870,325
Development and Member Communications	789,107	636,469
Meetings and Member Congresses	48,406	58,545
Activities	599,480	680,640
Projects	1,420,101	2,161,163
<i>Total operating expenditure</i>	<u><u>3,854,493</u></u>	<u><u>4,407,142</u></u>
<u>Gains and losses on investments</u>		
Net (loss) / gain on investments	<u>19,276</u>	(<u>175,623</u>)
<i>(Shortage) of operating receipts over expenditure</i>	(236,760)	(790,632)

ORGANIZATION

World Heart Federation Board 2012

President

Sidney C SMITH Jr., MD

Vice-President

Hans STAM, PhD

President Elect

K Srinath REDDY, MD, DM, MSc

Vice-President Elect

Deborah CHEN

Past President

Pekka PUSKA, MD, PhD

Past Vice-President

Lyn ROBERTS, AM, PhD

Chair, Scientific and Policy Initiatives Committee

Ann BOLGER, MD

Secretary

Nooshin BAZARGANI, MD

Treasurer

Pierre PONCET

Chief Executive Officer

Johanna RALSTON

Continental Representatives:**Asia-Pacific**

Cheng-Wen CHIANG, MD

Tony DUNCAN

Europe

Roberto FERRARI, MD, PhD

Dan GAITA, MD, FESC

Africa

Habib GAMRA, MD

Oluwole ADEBO, MD

Inter-America

Daniel J PIÑEIRO, MD

Eduardo MORALES BRICENO, MD

World Heart Federation Members

Continental Members 2012

African Heart Network (AHN)
Asia Pacific Heart Network (APHN)
Asia Pacific Society of Cardiology (APSC)
European Heart Network (EHN)
European Society of Cardiology (ESC)
InterAmerican Heart Foundation (IAHF)
Interamerican Society of Cardiology (IASC)
Pan-African Society of Cardiology (PASCAR)

National Members 2012

A

All India Heart Foundation
American College of Cardiology
American Heart Association
Argentine Heart Foundation
Argentine Society of Cardiology
Association of Cardiologists of Bosnia and Herzegovina
Association of Cardiologists of Kazakhstan
Association of Doctors of Internal Medicine of Kyrgyz Republic
Austrian Heart Foundation
Austrian Society of Cardiology

B

Bangladesh Cardiac Society
Belgian Heart League
Bolivian Society of Cardiology
Brazilian Heart Foundation (FUNCOR)
Brazilian Society of Cardiology
British Cardiovascular Society
British Heart Foundation
Bulgarian Society of Cardiology

C

Cameroon Cardiac Society
Cameroon Heart Foundation
Canadian Cardiovascular Society
Cardiac Society of Myanmar Medical Association
Cardiac Society of Nepal
Cardiological Society of India
Chilean Heart Foundation
Chilean Society of Cardiology & Cardiovascular Surgery

Chinese Society of Cardiology
Colombian Heart Foundation
Colombian Society of Cardiology
Croatian Cardiac Society
Cyprus Heart Foundation
Cyprus Society of Cardiology
Czech Society of Cardiology

D

Danish Heart Foundation
Danish Society of Cardiology
Dominican Heart Foundation
Dominican Society of Cardiology

E

Ecuadorian Foundation of Cardiology
Ecuadorian Society of Cardiology
Egyptian Society of Cardiology
Emirates Cardiac Society

F

Finnish Cardiac Society
Finnish Heart Association
Foundation for Cardiac Assistance (ASCAR) (Romania)
Foundation of Health and Heart (Bosnia and Herzegovina)

G

Georgian Association of Cardiology
Georgian Heart Foundation
German Heart Foundation
German Cardiac Society
Ghana Heart Foundation

Ghana Society of Hypertension and
Cardiology
Guatemala Association of Cardiology

H

Heart & Stroke Foundation of Barbados
Heart and Stroke Foundation of Canada
Heart and Stroke Foundation South Africa
Heart Association of Mozambique
Heart Foundation of Indonesia
Heart Foundation of the Philippines
Hellenic Cardiological Society
Hellenic Heart Foundation
Honduras Society of Cardiology
Hong Kong College of Cardiology
Hungarian National Heart Foundation
Hungarian Society of Cardiology

I

Icelandic Heart Association
Indonesian Heart Association
Iranian Heart Association
Iranian Heart Foundation
Iraqi Cardio-Thoracic Society
Irish Cardiac Society
Irish Heart Foundation
Israel Heart Society
Italian Heart Foundation

K

Kenya Cardiac Society
Kenya Heart Foundation
Kuwait Heart Foundation

L

Latvian Society of Cardiology
Lebanese Society of Cardiology and Cardiac
Surgery
Libyan society of Cardiology
Lithuanian Heart Association
Lithuanian Society of Cardiology
Luxembourg Society of Cardiology

M

Macau Association of Cardiology
Macedonian Society of Cardiology
Malta Heart Foundation
Mauritius Heart Foundation
Mexican Society of Cardiology
Mongolian Heart Association

N

National Heart Association of Malaysia
National Heart Foundation of Australia
National Heart Foundation of Bangladesh
National Heart Foundation of Papua New
Guinea
Nepal Heart Foundation
Netherlands Heart Foundation
Nicaraguan Society of Cardiology
Nigerian Cardiac Society
Nigerian Heart Foundation
Norwegian Council on CVD

P

Pakistan Cardiac Society
Pakistan Heart Foundation
Paraguayan Heart Foundation
Paraguayan Society of Cardiology
Peruvian Society of Cardiology
Philippine Heart Association
Polish Cardiac Society
Portuguese Heart Foundation
Portuguese Society of Cardiology
Puerto Rican Society of Cardiology

R

Romanian Society of Cardiology
Russian Society of Cardiology
Rwanda Heart Foundation

S

San Marino Society of Cardiology
Saudi Heart Association
Senegalese Society of Cardiology
Serbian Heart Foundation
Singapore Cardiac Society
Singapore Heart Foundation
Slovak League Heart to Heart
Slovak Society of Cardiology
Slovenian Heart Foundation
Slovenian Society of Cardiology
Society of Cardiology of El Salvador
Society of Cardiology of Serbia
Spanish Heart Foundation
Spanish Society of Cardiology
Sri Lanka Heart Association
Sudan Heart Institute
Swedish Heart Lung Foundation
Swiss Heart Foundation

Swiss Society of Cardiology
Syrian Cardiovascular Association

T

Taiwan Heart Foundation
Taiwan Society of Cardiology
The Cardiac Society of Australia & New Zealand
The Heart Association of Thailand
The Heart Foundation of Jamaica
The Heart Foundation of Malaysia
The Heart Foundation of Thailand
The Hong Kong Heart Foundation
The Korean Society of Circulation
The National Heart Foundation of New Zealand

The South African Heart Association
Tunisia Heart Foundation
Turkish Heart Foundation
Turkish Society of Cardiology

U

Uganda Heart Research Foundation
Uruguayan Society of Cardiology

V

Venezuelan Heart Foundation
Venezuelan Society of Cardiology

Z

Zambia Heart and Stroke Foundation

Associate International Members 2012

Aide au Développement de la Santé - Help for the Development of Health
Children's HeartLink
Cœurs pour Tous- Heart for All
Fundacion Araucaria
Heart Friends Around the World
Heartbeat International Foundation
International Academy of Cardiovascular Sciences
International Council of Nurses
International Forum for Hypertension Control and Cardiovascular Diseases Prevention in Africa
International Self-Monitoring Association of Oral Anticoagulated Patients (ISMAAP)
International Society for Holter & Non-Invasive Electrocardiology
International Society of Adult Congenital Heart Disease ISACHD
International Society of Cardiomyopathy and Heart Failure
International Society of Cardiovascular Disease Epidemiology and Prevention
International Society of Cardiovascular Pharmacotherapy
International Society of Cardiovascular Ultrasound
Preventive Cardiovascular Nurses Association PCNA
ProCOR / Lown Cardiovascular Research Foundation
Society of Chest Pain Centers (since Sept 2012: Society of Cardiovascular Patient Care)
The Myocarditis Foundation
World Heart Failure Society
World Stroke Organization

Associate Individual Members 2012

Afghanistan

Azzizullah Amir, MD

Bhutan

Tashi Wangdi, MD

Seychelles

Pascal Bovet, MD

Zimbabwe

Jephath Chifamba, MD

Associate National Members 2012

Argentina

Argentine Federation of Cardiology

Bangladesh

EASD-Eminence Associates for Social
Development

Heart Care Foundation Comilla

India

Academy of Cardiology at Mumbai

Cardio Vascular Society of India

HRIDAY – Health Related Information

Dissemination Amongst Youth

Public Health Foundation of India

Indian Association of Clinical Cardiologists

Indonesia

Indonesian Cardiocerebrovascular Society

Ireland

Croí- The West of Ireland Cardiac Foundation

Malaysia

Sarawak Heart Foundation

New Delhi

Billion Hearts Beating Foundation

Norway

Norwegian Heart and Lung Patient
Organization

Philippines

Foundation for Lay Education on Heart
Diseases

United Kingdom

Heart Research UK

WORLD HEART FEDERATION STAFF

based at international headquarters, Geneva, Switzerland, as at December 2012

Executive Office

Johanna Ralston, Chief Executive Officer

Heidi Lake, Personal Assistant to the Chief Executive Officer

Oscar Ferreira, Administrative Assistant, Human Relations & Finance

Fundraising, Operations and Congress

Sarah Ramsey, Chief Operations Officer

Neil McCarthy, Director of Development & Stakeholder Relations

Sabrina Adolf, Congress Manager

Alan Cole, Corporate Relations Manager, Congress Division

Emilie Russell, Account Manager

Scientific activities

Kathryn Taubert, PhD, Chief Science Officer

Susan Davenport, Manager, Science Programmes

Alice Grainger Gasser, Manager of Demonstration Projects

Sanni Hiltunen, Project Manager, Science Programmes

Communications and Advocacy

Charanjit Jagait, PhD, Director of Communications and Advocacy

Léna Hassig, Project Manager

Cynthia Haro, Membership and Campaigns Coordinator

Sara Bowen, Website Manager